

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

X 6060

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24. Indiana Retail Food Establishment Sanitation Requirements.

The time limit for correction of each violation is specified in the narrative portion of this report.

			to a control is specified in the narrative portion of the				<u>.</u>
Establishn	Bell	(#	20585)	Telephone Number	Date of Inspe (mm/dd/yr)		PERMIT #
Establishment Address (number and street, city, state, zip code)				1	19/23/	19	19-307
4018	Granti			812 945 9818			
Owner		1.4	211/01/11	Purpose:	Follow-up Release Date		
C+M	<u>Smi</u>	<u>th</u>	Kestourants/ Gint Smith	1. Routine	No 10 days		
Owner's A	ddress	ر لماء	Rd (suite 4) New Allery, IN	Follow-up #2	Summary of Violations:		
Person in (Charge	·)	1 12 2 11 11 11 11	3. Complaint			
An	on N		ten	4. Pre-Operational 5. Temporary			2 RU
Responsibl	e Person's	E-mai		Menu Type (See back of page)			
				6. HACCP			
Certified F		ger		7. Other (list)	12_	<u></u> 3	_45
Anro	<u> </u>	ent	Λ				
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"							
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"							
Section#	C/NC	R	Narrative		Т	o Be C	orrected By
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			No violations. All correct	fine made.			:
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Received by (name and title printed): Anon Newton A.). Inspected by (name and title printed): A.). Inspected by (name and title printed):							
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